



## Templates Part II

### Interim Progress Report - Budget Period Three

### Workplan - Budget Period Four

### Focus Area A: Preparedness Planning and Readiness Assessment

#### Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

**CRITICAL CAPACITY:** To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

*Provide an update on progress during Project Year III toward achieving this critical capacity:*

Washington state is building the capacity to address bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. In cooperation with its public health, hospital, and other partners, the Washington State Department of Health (DOH):

- **Named Mary C. Selecky as the executive director** of the bioterrorism preparedness and response program.
- **Established a Joint Advisory Committee** to assist and advise on the development and implementation of a state plan for public health and hospital emergency preparation and response (*See attachment, "Roster of the Public Health Emergency Preparedness and Response Program Joint Advisory Committee"*).
- **Established a Steering Committee** consisting of the local health agency leads of the nine Washington State planning regions. Steering Committee members met quarterly to monitor project progress, accomplishments, and barriers, and to provide solutions to the implementation of the state's public health threats and emergencies plan.
- **Established an integrated staffing structure** to ensure plan implementation and information flow within DOH, between DOH and planning regions, and within planning regions (*See attachment*).
- **Developed and conducted an assessment** of public health and hospital emergency preparedness and response.
- **Provided regular updates about preparedness activities** through: a) electronic communications with hospitals, local public agencies and other partners; b) quarterly meetings of the Advisory and Steering Committees; and c) other updates as necessary –



during our efforts to establish and implement a smallpox vaccination plan, weekly updates were sent to all interested partners.

- **Began to monitor plan progress** by electronically documenting plan milestone achievement – an activity set aside when smallpox planning efforts diverted staff time.
- **Participated at a variety of conferences and workshops** held in conjunction with existing national, regional, state, and local conferences. Topics covered included Washington State program objectives, activities, milestones, gaps and trouble spots, lessons learned, significant innovations, successes, opportunities, and achievements.
- **Sought the inclusion and participation of partners not directly involved in bioterrorism preparedness.** DOH engaged the full range of public health partners in its planning efforts:

**Critical Benchmark #1:** Please complete the table below by providing the names, titles and contact information for key bioterrorism staff. *Read instructions carefully before completing the table.*

KEY BIOTERRORISM STAFF	NAME TITLE AGENCY/DEPT AFFILIATION	PHONE NUMBER FAX NUMBER EMAIL ADDRESS
Executive Director (ED) of Bioterrorism Preparedness and Response Program	<b>Name:</b> Mary C. Selecky  <b>Title:</b> Secretary  <b>Agency/Dept Affiliation:</b> Washington State Department of Health	<b>Phone:</b> (360) 236-4030 <b>Fax:</b> (360) 586-7424 <b>Email:</b> mary.selecky@doh.wa.gov

**Critical Benchmark #2:** Has your state established an advisory committee consisting of partner organizations to aid in your response efforts?

☒ YES      ☐ NO

**CRITICAL CAPACITY:** To conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.

*Provide an update on progress during Project Year III toward achieving this critical capacity:*

- An assessment of our state's public health system capacity was completed during the fall of 2002. The assessment captured information necessary to determine the Local Health Jurisdictions' (LHJ) ability and capacity to respond to public health emergencies,



including an emergency resulting from a bioterrorism event.

- Assessment information was used to establish a baseline with regard to public health emergency preparedness in Washington State.
- The assessment covered a broad array of topics including: general planning and policy development, surveillance and epidemiology, risk communication, training and education, and information technology.
- Our approach to the assessment process was intended to build inter-organizational relationships. Assessments were not completed by one person within the LHJ, but rather as a cooperative effort by many persons, each having expertise in one of the specific topic areas. Non-LHJ local emergency response representatives were invited and encouraged to participate in the completion of this assessment as a means of increasing responsibility awareness, and coordination.
- We also used the assessment process to build our regional public health response system. The regional public health emergency preparedness coordinators coordinated the assessment process. We believe this regional health coordination led to increased organizational responsibility, awareness, and coordination.
- The results of this assessment are being used by the regions, the LHJs and the state to plan, implement and measure improvements in our ability to respond to public health emergencies.

**Critical Benchmark #3:** What is the status of your state's integrated assessment (an assessment of current capabilities across all focus areas at the state, local and regional level) of public health systems capacity to respond to potential bioterrorist/emergency events? Choose only one of the following:

- ☐ Assessment work has not begun (0% completed)
- ☐ Assessment work has just started (less than 25% completed)
- ☐ Assessment work is underway (25-50% completed)
- ☐ Assessment work is more than half way completed (51-75% completed)
- ☒ Assessment work is close to completion (greater than 75% completed)
- ☐ Assessment work completed (100% completed)

**Critical Benchmark #4:** What is the status of your state's legal assessment to determine adequacy of public health authority in responding to a bioterrorist event? Choose only one of the following:

- ☐ Assessment work has not begun (0% completed)
- ☐ Assessment work has just started (less than 25% completed)
- ☐ Assessment work is underway (25-50% completed)
- ☐ Assessment work is more than half way completed (51-75% completed)



- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Assessment work is close to completion (greater than 75% completed) |
| <input checked="" type="checkbox"/> | Assessment work completed (100% completed)                          |

**CRITICAL CAPACITY:** To respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

***Provide an update on progress during Project Year III toward achieving this critical capacity:***

Work is well underway to update and revise the Emergency Support Function (ESF)-8 annex to the state's Comprehensive Emergency Management Plan (CEMP). This includes an appendix (already completed) describing state actions to receive and distribute the Strategic National Stockpile (SNS). A separate appendix comprising a mass fatalities response plan is under development. Work on the Department of Health's statewide agency CEMP and work on local and regional plans was sidetracked by the requirements to develop a Smallpox Response Plan and a Stage 1 Vaccination plan. Implementation of Stage 1 involved many of the same people charged with plan development—further hindering planning efforts. This work, therefore, will not be completed in the current project year.

We did use our emergency plans to implement Stage 1; i.e., we used the SNS plan for clinic management using the Incident Command System. In this way, our plans were very effectively tested.

We believe that the intensive effort to develop smallpox plans will pay dividends that may result in timesaving as we move toward completion of our response plans. We also recognize, however, that a requirement to expand the smallpox vaccination effort will have an impact on emergency planning.

**Critical Benchmark #5:** What is the status of your *statewide* response plan? Choose only one of the following:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Work on plan has not begun (0% completed)                            |
| <input type="checkbox"/>            | Work on the plan has just started (less than 25% completed)          |
| <input checked="" type="checkbox"/> | Work on the plan is underway (25-50% completed)                      |
| <input type="checkbox"/>            | Work on the plan is more than half way completed (51-75% completed)  |
| <input type="checkbox"/>            | Work on the plan is close to completion (greater than 75% completed) |
| <input type="checkbox"/>            | The plan is completed (100% completed)                               |
| <input type="checkbox"/>            | The plan is completed and has been adopted                           |

**Critical Benchmark #6:** What is the status of your state's *regional* response plan? Choose only one of the following:



- ☐ Work on plan has not begun (0% completed)
- ☐ Work on the plan has just started (less than 25% completed)
- ☒ Work on the plan is underway (25-50% completed)
- ☐ Work on the plan is more than half way completed (51-75% completed)
- ☐ Work on the plan is close to completion (greater than 75% completed)
- ☐ The plan is completed (100% completed)
- ☐ The plan is completed and has been adopted

**CRITICAL CAPACITY:** To ensure that state, local, and regional preparedness for and response to bioterrorism, other infectious outbreaks, and other public health threats and emergencies are effectively coordinated with federal response assets.

***Provide an update on progress during Project Year III toward achieving this critical capacity:***

Washington state and its local jurisdictions continue to enjoy strong relationships with federal response assets. This cooperation was recently tested through the largest terrorism exercise in the nation's history: TopOff 2. That exercise successfully identified our strengths and areas needing further improvement.

We have recently implemented an agreement with CDC to be a pilot state for testing the federal concept for forward deployment of chemical agent antidotes. Our ChemPack program participation illustrates the strength of our relationships with our federal counterpart agencies.

Many of our local jurisdictions with significant military assets located in their area have entered into agreements with local commanding officers to share assets and information in a regional medical emergency.

State and local health officials participated in a major annual civil-military medical conference for the western United States hosted by the Department of Defense. For two straight years, our Secretary of Health has been a plenary session speaker.

**Critical Benchmark #7:** What is the status of your written plan to receive and manage items from the National Pharmaceutical Stockpile (NPS)?

- ☐ Work on plan has not begun (0% completed)
- ☐ Work on the plan has just started (less than 25% completed)
- ☐ Work on the plan is underway (25-50% completed)
- ☐ Work on the plan is more than half way completed (51-75% completed)
- ☒ Work on the plan is close to completion (greater than 75% completed)
- ☐ The plan is completed (100% completed)
- ☐ The plan is completed and has been adopted

**CRITICAL CAPACITY:** To effectively manage the CDC National Pharmaceutical Stockpile



(NPS), should it be deployed-- translating NPS plans into firm preparations, periodic testing of NPS preparedness, and periodic training for entities and individuals that are part of NPS preparedness

***Provide an update on progress during Project Year III toward achieving this critical capacity:***

Our plan has two levels. The state-level plan is nearly complete and has been tested, in part, through an exercise and the smallpox Stage 1 effort. We are negotiating an agreement with our [REDACTED] to serve as reception, storage, and staging facilities for the SNS. Under our state's plan, local health officials have responsibility for the second level. They must identify and staff dispensing (or vaccination) clinics. This is the weakest area of our statewide effort at this time. The need to do this work has recently been re-emphasized to local and regional staff. We do not believe this work will be completed in the current project year but will be an early deliverable for our sub-grantees in the next year.

Again, it should be recognized that we did use our SNS plan to implement the Stage 1 smallpox vaccination program. Lessons learned will be included in future plan revisions.



## Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan.** Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

### I. STRATEGIC DIRECTION, COORDINATION, AND ASSESSMENT

**CRITICAL CAPACITY #1:** To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

1. Continue to support a Senior Public Health Official within the state/local health department, to serve as Executive Director of the project's Terrorism Preparedness and Response Program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Mary C. Selecky will continue to direct Washington State's bioterrorism preparedness and response program with input from project executive staff and program partners.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Joint Advisory Committee meetings will be held quarterly.
- 1b. Steering Committee meetings will be held at least quarterly with additional meetings as needed.
- 1c. Regular updates on preparedness activities will be provided through the *E-News* newsletter and the DOH Public Health Emergency Preparedness and Response (PHEPR) Web page.
- 1d. Issue-specific, special workgroups will be convened as appropriate (i.e., ports and quarantine).

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. September 2003; December 2003; March 2004; June 2004
- 1b. October 2003; January 2004; April 2004; July 2004
- 1c. September 2003 through August 2004 (monthly publication), on-going Web updates.
- 1d. August 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. DOH Executive Staff, DOH Office of the Secretary
- 1b. DOH Executive Staff, DOH Office of the Secretary
- 1c. DOH Communications Staff, DOH Office of the Secretary





1d. DOH Executive Staff, DOH Office of the Secretary

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Number of attendees at Joint Advisory Committee meetings, program suggestions offered and discussed, resource links provided.
- 1b. Number of attendees at Steering Committee meetings, program suggestions offered and discussed, decisions made with Regional Emergency Response Coordinators (RERCs) input.
- 1c. *E-News* published monthly, DOH Web page updated monthly.
- 1d. Special workgroups convened; issues stated with proposed solutions summarized

2. Establish or enhance a coordinated and integrated process for setting goals and objectives, implementing work plans with timelines, monitoring progress, and allocating resources as it relates to this entire cooperative agreement program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. DOH will continue to use a transparent process to develop and achieve PHEPR program goals and objectives with the input of our public health and hospital partners.
2. Workplan implementation will be monitored using a database capable of tracking activities and expenditures by focus area (*as required in Critical Benchmark #1 below.*)
3. Workplan adjustments will be made with the input of our public health and hospital partners as well as program staff.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

1. FY 2003 program goals and objectives will be created and reviewed with the involvement of PHEPR Joint Advisory and Steering Committee members.
2. Budgetary coding will be assigned to each of the seven focus areas and incorporated into the chart of accounts in the department's financial accounting system. PHEPR Joint Advisory and Steering Committee members will be provided with quarterly program progress reports using this database system.
- 3a. Workplans will be modified and achieved with the involvement of all program staff (Project Executive Director, Project Office staff, Focus Area Leads, Divisional Coordinators, Regional Coordinators, Regional Emergency Response Coordinators, and Local Emergency Response Coordinators.)
- 3b. Workplan resources will be reviewed and readjusted with program staff review of monthly and quarterly program progress reports using this database system. Major resource adjustments will also be reviewed and readjusted with PHEPR Steering Committee involvement.

*Timeline: What are the critical milestones and completion dates for each task?*

1. June 2003, PHEPR Joint Advisory and Steering Committee member initial review and





comment

1. July 2003, PHEPR Joint Advisory and Steering Committee briefing on FY 2003-04 workplan (copies to be mailed)
2. August 31, 2003 budgetary coding in place
- 3a. Monthly if necessary, September 2003 through August 2004.
- 3b. Monthly if necessary, September 2003 through August 2004.
- 3b. Quarterly, (October 2003; January 2004; April 2004; July 2004)

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

DOH Executive Staff, DOH Office of the Secretary

Focus Area Leads

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

1. Number of specific focus area tasks completed.
2. Comparative review: Number of local health jurisdiction and hospital needs met with 2003-2004 focus area tasks completed to original needs identified with 2002-2003 local health jurisdiction and hospital assessments.

3. Develop and maintain a financial accounting system capable of tracking costs by focus area, critical capacity, and funds provided to local health agencies. **(CRITICAL BENCHMARK #1)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

As required under Washington state law, the Department of Health uses a uniform chart of accounts and procedures consistent with generally accepted accounting principles (GAAP) to record and report all department financial transactions. This system will track costs to a level that corresponds with the detail required in federal Standard Form 424A for each focus area. The financial system is updated on a daily basis to include all revenue, expenditure and journal voucher activity.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Budgetary coding will be assigned to each of the seven focus areas and incorporated into the chart of accounts in the department's financial accounting system

*Timeline: What are the critical milestones and completion dates for each task?*

Task will be completed by August 31, 2003

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Rick Buell/Kay Koth will be responsible for ensuring this task is completed

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*



Review final chart of accounts for inclusion of necessary budget coding.

4. (HRSA/CDC Cross-Cutting Activity) Maintain and extend as appropriate a database displaying activities funded jointly by the CDC and HRSA cooperative agreements, and as applicable, other sources, in a form that can be included readily in progress reports or provided in response to special requests from the project officer.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

As required under Washington state law, the Department of Health uses a uniform chart of accounts and procedures consistent with generally accepted accounting principles (GAAP) to record and report all department financial transactions. This system will track costs to a level that corresponds with the detail required in federal Standard Form 424A. The financial system is updated on a daily basis to include all revenue, expenditure and journal voucher activity.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Budgetary coding will be assigned to the HRSA grant and each of the focus areas, and incorporated into the chart of accounts in the department's financial accounting system.

*Timeline: What are the critical milestones and completion dates for each task?*

Task will be completed by August 31, 2003.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Norm Fjosee will be responsible for ensuring this task is completed.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Review final chart of accounts for inclusion of necessary budget coding.

5. (Smallpox) Appoint or continue to support a coordinator for the National Smallpox Vaccination Program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Washington will hire a Smallpox Vaccination Program Coordinator to direct the state's Smallpox Vaccination Program and serve as the Washington HRSA project's Medical Director.
2. Washington state's Smallpox Vaccination Program will follow a comprehensive smallpox response plan that incorporates post-event plans from participating hospitals.
3. Public health capacity will be enhanced with an improved workforce recruitment system.
4. Smallpox Response Team members (public health and healthcare) will be prepared to address mass vaccination.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Job description, recruitment process, hiring process defined.
- 1b. Appoint a Washington state Smallpox Vaccination Program Coordinator.
- 2a. Review previously submitted pre-event and post-event smallpox response plans and



- propose updates, revisions.
- 2b. Seek partner review and comment during response plan updates.
- 3a. Enumerate staff needed to support large-scale clinic operations.
- 3b. Identify smallpox response team staff available, identify recruitment strategies, fill gaps.
- 4a. Train staff needed to support large-scale clinic operations.
- 4b. Develop and exercise a large-scale smallpox vaccination plan including these elements: patient screening and education, clinic operations, outreach, adverse event monitoring and management, take reading, evaluation.
- 4c. Develop risk communication materials for local partners and stakeholders.
- 4d. Ensure that all participants in the Smallpox Vaccination Program are provided regular updates on implementation of program activities with appropriate technical assistance.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. July 2003.
- 1b. September 2003.
- 2a. September - October 2003
- 2b. September - October 2003
- 3a. November 2003
- 3b. December 2003 - February 2004
- 4a. November 2003 - February 2004
- 4b. March 2004 (state, regional exercise large-scale vaccination clinics)
- 4c. November 2004 (revision of current materials -- timeline also based on CDC revisions)
- 4d. March 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. Executive Staff, Office of the Secretary; Assistant Secretaries (CFH, EHSPHL)
- 1b. Executive Staff, Office of the Secretary; Assistant Secretaries (CFH, EHSPHL)
- 2a-3b Coordinator, Washington state's Smallpox Vaccination Program
- 4a. Coordinator, Washington state's Smallpox Vaccination Program, DOH BT Medical Epidemiologist, Focus Area G Coordinator, Smallpox Training Liaison
- 4b. Coordinator, Washington state's Smallpox Vaccination Program, DOH BT Medical Epidemiologist, Focus Area G Coordinator, Smallpox Training Liaison
- 4c. Coordinator, Washington state's Smallpox Vaccination Program, Focus Area F Lead
- 4d. Coordinator, Washington state's Smallpox Vaccination Program, Focus Area E Lead

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1. Coordinator hired.
- 2. Vaccination Program and HRSA goals and tasks set in a workplan and agreed to among program partners.
- 3. Smallpox Response Teams identified (numbers, type of personnel) and properly staffed. Smallpox Response Teams Directory created; a community-based online inventory that lists all available persons with expertise (technical, clinical, epidemiological, security, transportation, and other) that would be needed during a smallpox outbreak.
- 4. Checklist with specific Washington Smallpox Vaccination Program tasks/activities



demonstrating 95 percent or better achievement. Checklist to be used to assure the public that public health has the capacity to fully vaccinate the entire population quickly when smallpox disease has been identified.

4a. Competency reviewed and documented for identified Smallpox Response Team members.

6. (HRSA/CDC Cross-Cutting Activity) Establish an Advisory Committee to assist the senior State health official in overseeing both the CDC and HRSA cooperative agreements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Continue to foster Joint Advisory Committee involvement on the development and implementation of a state plan for public health and hospital emergency preparation and response. (See attached, “Joint Advisory Committee Roster”)

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

The following tasks will drive the agenda of Joint Advisory Committee meetings:

- 1a. Carry forward state efforts to create a plan to prepare for and respond to public health threats and emergencies (as per section ESF-8 of the state Comprehensive Emergency Management Plan [CEMP]) – particularly our preparedness and response to infectious disease. Links to the Governor’s Washington State Committee on Terrorism (COT) will be maintained through dual committee membership among select members.
- 1b. Proactively serve as an information conduit to communicate with and educate members’ respective partners and stakeholders on state plan development, expectations and needs.
- 1c. Advise the agency on progress toward state plan implementation. Identify gaps and trouble spots, possible collaborations with other states and Canada, lessons learned, significant innovations, successes, and opportunities. Provide possible solutions to problems and barriers to implement a state plan.
- 1d. Advise the agency on coordination of Advisory Committee efforts with other state efforts, including the work of the Governor’s COT, intended to address public health emergencies related to bioterrorism, infectious disease outbreaks, and natural or man-made disasters.

*Timeline: What are the critical milestones and completion dates for each task?*

1a-d Joint Advisory Committee meetings will be held quarterly: 9/03; 12/03; 3/04; 6/04.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

DOH Executive Staff, DOH Office of the Secretary

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The minutes of each Joint Advisory Committee will reflect:

- 1a. Number of attendees at Joint Advisory Committee meetings, program suggestions offered and discussed related to public health threats and emergencies (ESF-8 of the state’s CEMP), resource links provided.
- 1b. Number of attendees at Joint Advisory Committee meetings, amount and types of information sharing, and resource links provided.
- 1c. Number of attendees at Joint Advisory Committee meetings, number of plan challenges



identified and discussed, along with possible solutions offered.

- 1d. Number of attendees at Joint Advisory Committee meetings, number of links identified to other state efforts to address public health emergencies related to bioterrorism, infectious disease outbreaks, and natural or man-made disasters.

**CRITICAL CAPACITY #2:** To conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.

1. Conduct a comprehensive analysis of all information and data obtained during the assessments of emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Document the findings and corrective actions taken and establish timelines, goals and objectives for achieving and refining the critical capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

During the fall of 2002, an assessment was completed to determine the emergency preparedness and response capabilities of LHJs related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Assessment information was related to the six focus areas. Topics covered included, epidemiology, surveillance, laboratory, policies, infectious disease outbreaks, vaccinations, and more. The results were broadly analyzed by the state, and the raw data was given to the LHJs and regions for their analysis.

A similar assessment of hospitals was also completed during the fall of 2002. This data captured the hospitals' emergency preparedness and response capabilities and identified their needs. This information was analyzed statewide and aggregate information was provided to the regions to use in planning.

The plan for the next grant year will be:

1. Complete the analysis of the assessments
2. Continue to identify and document specific vulnerabilities and needs
3. Update sections of the hospital assessment
4. Expand work with current state and local partners to include; tribal clinics, migrant clinics, and community health centers and update sections of the LHJ assessments.
5. Assess LHJs and regions for their capacity to include Focus Area D
6. Develop Training Plan based on gaps identified

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. LHJ assessment data will be analyzed specific to the Focus Areas.
- 1b. Focus Area results will be shared with the regional partners to aid in plan development.
- 1c. Regions will provide the state with their analysis of the data for review.



- 2a. Maintain the current list of identified needs and vulnerabilities for both the LHJs and the hospitals.
- 2b. Update listing of needs and vulnerabilities identified during the plan writing and review.
- 3a. Review hospital assessment data for sections that need further clarification or revision.
- 3b. Conduct an abbreviated update assessment of the hospitals to note status and progress after the current grant year's activities of collaborations and plan writing.
- 3c. Analyze this data.
- 4a. Continue to meet bi-monthly with the regional partners to share information.
- 4b. Conduct a baseline assessment of the community health centers, tribal clinics, and migrant clinics using a revised version of the hospital survey. Conduct an abbreviated update assessment of the LHJs and Regions to note status and progress after the current year's activities.
- 4c. Analyze this data.
- 5a. Develop and conduct a brief survey on the LHJs and regions capacity to incorporate Focus Area D activities.
- 5b. Analyze this data.
- 6a. Develop Training Plan based on assessment data and priorities identified.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. Fall 2003
- 1b. During the bi-monthly meetings starting in September 2003
- 1c. As completed or by September 2003
- 2a. Ongoing
- 2b. Ongoing
- 3a. Fall 2003?
- 3b. January 2004?
- 3c. February 2004?
- 4a. Ongoing starting in September 2003
- 4b. January 2004
- 4c. December 2003
- 5a. Fall 2003
- 5b. Winter 2003
- 6a. Fall, 2003

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. Focus Area Leads or staff
- 1b. DOH and Regional Emergency Response Coordinators (RERCs)
- 1c. Regional Epidemiology Response Coordinators and RERCs
- 2a. DOH, Regional EMS council, and RERCs
- 2b. DOH, Regional EMS council
- 3a. Chris Williams and DOH
- 3b. Regional EMS council





- 3c. Chris Williams and DOH
- 4a. DOH and RERCs
- 4b. DOH
- 4c. DOH
- 5a. DOH and RERCs
- 5b. DOH
- 6a. Focus Area G Coordinator, Regional Learning Specialists

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Analysis completed
- 1b. Results given to partners
- 1c. Data received
- 2a. List complete
- 2b. List updated
- 3a. Review completed, sections listed and revised
- 3b. Assessment completed
- 3c. Analysis completed
- 4a. Meetings convened
- 4b. Assessment completed
- 4c. Analysis completed
- 5a. Assessment developed and completed
- 5b. Analysis completed

- 2. Conduct a comprehensive analysis of all information and data obtained during the assessments of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel in coordination with adjacent states. Additionally, there should be mention of workers' compensation issues and the health issues of workers and their families who may be involved in emergency response. Establish timelines, goals and objectives for achieving and refining the critical capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

During the current grant year the state completed its comprehensive analysis of state and local statutes, administrative rules, and ordinances related to "...credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel in coordination with adjacent states." In terms of workers' compensation issues, the state workers compensation agency has provided information to employers regarding coverage of employees, specific to the smallpox vaccination. State statute governing emergency management, RCW 38.52, addresses compensation and liability protection for people designated as "emergency workers" regardless of their state of licensure. The state will rely on the provisions and implementation of Section 304 of the Homeland Security Act to address compensation issues related to an emergency response governed by the Act.





*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

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*Timeline: What are the critical milestones and completion dates for each task?*

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*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

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*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

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3. (Smallpox) Conduct an assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that include special provisions for liability protection and compensation for adverse events post-vaccination of healthcare personnel who participate in the National Smallpox Vaccination Program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

During the current grant year, the state completed its assessment of legal authorities related to "...liability protections and compensation for adverse events post vaccination of healthcare personnel who participate in the National Smallpox Vaccination Program." In terms of workers' compensation issues, the state workers compensation agency has provided information to employers regarding coverage of employees, specific to the smallpox vaccination. State statute governing emergency management, RCW 38.52, addresses compensation and liability protection for people designated as "emergency workers." The state expects that healthcare personnel who participate in the National Smallpox Vaccination Program will also rely on the provisions and implementation of Section 304 of the Homeland Security Act.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

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*Timeline: What are the critical milestones and completion dates for each task?*

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*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

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*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

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**ENHANCED CAPACITY #1:** To ensure public health emergency preparedness and response through the development of necessary public health infrastructure.



1. Conduct a state-wide assessment of state, local and governance capacity of the public health system using the [National Public Health Performance Standards](#) assessment instruments developed collaboratively by CDC, ASTHO, NACCHO, NALBOH and other national public health partners. Use the results of these assessments to guide the development of an overall public health infrastructure improvement plan.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

2. Create a joint state-local public health infrastructure improvement plan including timelines, goals and objectives for achieving and refining the critical capacity requirements. The process for plan development should be guided by the principles of state-local collaboration developed by [ASTHO](#) and [NACCHO](#). Documentation of adherence to these principles should be provided as evidence of the collaborative process.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

3. Conduct comprehensive system and community health improvement planning using a model



such as Mobilizing for Action through Planning and Partnerships (MAPP) (see <http://www.naccho.org/>).

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

**ENHANCED CAPACITY #2:** To recruit, retain, and fully develop public health leaders and managers with current knowledge and expertise in advanced management and leadership principles who will play critical roles in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

1. Develop or support formal state and local public health leadership and management development. Coordinate with established state/regional public health leadership institutes covering the geographic area.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*



2. Develop specialized state and local public health leadership and management training in advanced concepts of incident command and bioterrorism communication.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

## II. PREPAREDNESS AND RESPONSE PLANNING

**CRITICAL CAPACITY #3:** To respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

1. Develop or enhance scalable *plans* that support local, statewide, and regional response to incidents of bioterrorism, catastrophic infectious disease, such as pandemic influenza, other infectious disease outbreaks, and other public health threats and emergencies. Plans must include detailed preparations to rapidly administer vaccines, other pharmaceuticals, and mental health services to large populations. This should include the development of emergency mutual aid agreements and/or compacts, and inclusion of hospitals. **(CRITICAL BENCHMARK #2)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Complete the development of an array of coordinated public health emergency response plans that address detailed descriptions and assignment of responsibilities at the state, regional, and local levels. These plans will:
  - Describe pre-event mitigation and preparedness activities
  - Describe response to communicable disease emergencies
  - Emphasize the unique requirements of a bioterrorism event
  - Describe the management of mass casualty and mass fatality events
  - Be coordinated with hospitals and other health care facilities



- Provide for rapid administration of vaccines and other pharmaceuticals
  - Conform with approved concepts of operation described in state and local comprehensive emergency management plans
  - Be coordinated with planning efforts carried out by state and local homeland security staff
  - Address the issue of providing mental health service to citizens following a terrorist event
  - Address the vulnerabilities and deficiencies identified in the assessment completed in 2002
  - Provide for regular testing, updating, and validation of the plans
  - Review for Education/Training needs
2. Develop and implement mutual aid agreements and compacts necessary to fully implement state, regional and local response plans for incidents of bioterrorism, catastrophic infectious disease, other infectious disease outbreaks, and other public health threats and emergencies.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Technical assistance to local and regional planners will continue to be provided to ensure successful completion of plans.
- 1b. Financial assistance will be provided to each local and regional health agency to provide them with resources necessary to complete and test their plan.
- 1c. Local plans will be drafted, reviewed by DOH including an education/training review, and finalized.
- 1d. Regional plans will be drafted, reviewed by the State Department of Health, and finalized.
- 1e. DOH's emergency operations plan will be revised and updated as will ESF #8 of the state's CEMP.
- 2a. DOH will provide technical assistance and share sample mutual aid agreements with local and regional officials to help them institute agreements needed to prepare for a large-scale bioterrorism event or other health emergency.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. On-going. On-site assistance provided as necessary.
- 1b. Initial funds awarded within 60 days of CDC approval of grant
- 1c. January 31, 2004
- 1d. June 30, 2004
- 1e. January 31, 2004
- 2a. Technical assistance ongoing. Sample agreements will be compiled and shared by March 31, 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. DOH bioterrorism planners, State Emergency Response Coordinators (DOH)
- 1b. DOH Emergency Program Manager and DOH contracts staff
- 1c. Local health jurisdictions and DOH Contingency Planners, Focus Area G Coordinator, Regional Learning Specialists
- 1d. Regional Emergency Response Coordinators and DOH Contingency Planners



- 1e DOH Office of Risk and Emergency Management manager, DOH Divisional Planners, and DOH Contingency Planners.
- 2a. DOH planning staff.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Number of technical assistance consultations and visits provided to local and regional jurisdictions.
- 1b. Amount of funds awarded and number of pass-through contracts in place
- 1c. Number of local plans finalized
- 1d. Number of regional plans finalized
- 1e. Completion of update of DOH internal emergency procedures and update of ESF #8 of the State CEMP.
- 2a. Technical assistance provided and sample agreements shared.

- 2. Demonstrate how preparedness and response planning is coordinated within existing emergency management infrastructure that is facilitated and supported by all appropriate federal response plans.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

- 1. Washington state will continue to conduct a variety of activities to ensure bioterrorism and public health emergency preparedness is coordinated within the emergency management infrastructure and facilitated by appropriate federal response plans as outlined below. Recent activities include successful participation in TOPOFF II, continued development of the Strategic National Stockpile plan including selection as a ChemPack pilot site, continued coordination with the State's three Metropolitan Medical Response System (MMRS) cities, and successful completion of Stage I of the Smallpox Vaccination Program.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Continue to participate as a member of the State Emergency Management Council (EMC)
- 1b. Continue to participate as a member of the State COT
- 1c. Continue to use the ESF structure (primarily ESF 8) established in the federal response plan and the State CEMP to guide health-related emergency preparedness activities.
- 1d. Actively link with Department of Homeland Security funded programs including joint coordination and planning meetings between Regional Bioterrorism Coordinators and Regional Homeland Security Coordinators.
- 1e. Continue to require local and regional health jurisdictions to coordinate planning and exercises with local emergency management agencies.
- 1f. Provide funding and technical assistance to local jurisdictions to finalize local plans to receive, distribute and dispense elements of the SNS (See Critical Capacity #4).



*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. Bi-monthly
- 1b. Monthly
- 1c. On-going
- 1d. On-going. Initial joint meeting targeted for September 2003.
- 1e. On-going
- 1f. All local SNS plans to be completed by January 31, 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. Ron Weaver, DOH Assistant Secretary
- 1b. DOH Office of Risk and Emergency Management manager
- 1c. DOH, EMD, and local and regional health jurisdictions
- 1d. Emergency Program Manager, local and regional Bioterrorism and Homeland Security Coordinators, EMD
- 1e. DOH
- 1f. DOH SNS Coordinator (see Critical Capacity #4)

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Number of EMC meetings attended
- 1b. Number of COT meetings attended
- 1c. Completion of update of ESF 8
- 1d. Number of joint work sessions conducted between state, regional, and local Bioterrorism and Homeland Security Coordinators.
- 1e. Number of joint planning and exercise activities conducted between health and emergency management
- 1f. Number of local jurisdictions that have completed and tested their SNS plans

3. Maintain a system for 24/7 notification or activation of the public health emergency response system. **(CRITICAL BENCHMARK #3)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Washington state has a process for 24/7 notification of the public health emergency response system. DOH maintains a 24/7 duty officer system through its Office of Risk and Emergency Management to receive information and notify the appropriate individuals and activate emergency response activities. Within DOH, Communicable Disease Epidemiology, the Public Health Laboratories, the Radiation Protection Division and the Drinking Water Division also maintain the capability for 24/7 notification and activation of the public health emergency response system (refer to Focus Area B of this application). The Office of Risk and Emergency Management maintains a statewide emergency phone





list known as the “Red Book” which lists the names and phone numbers of all public health emergency contacts within the system. The plan for the grant year is to maintain, update and improve the current system of notification. This will include working with the local and regional health jurisdictions to ensure the capability exists at the local level for 24/7 notification and activation of the public health emergency response system. Focus Area A will take the lead in working with local jurisdictions and other Focus Areas (especially Focus Areas B and E) to ensure that their planning includes 24/7 duty officer capability in order to activate immediate response activities.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Maintain and update the Red Book. Require all local and regional health jurisdictions to designate one duty officer (on call 24/7) contact and one back up (possibly the local 911 center in concert with a local health emergency duty officer system).
- 1b. Develop a program for regular testing of the 24/7 notification system in coordination with state and local emergency management and homeland security programs

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. Complete update of Red Book and streamlined local contact system by March 2004
- 1b. Develop testing program by April 2004 and conduct periodic, on-going system tests.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. DOH Office of Risk and Emergency Management, Focus Areas B and E and local health jurisdictions
- 1b. DOH Office of Risk and Emergency Management, Focus Areas B and E , EMD, and local health jurisdictions

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Completion of updated, streamlined Red Book and implementation of local duty officer system.
- 1b. Establishment of program of regular testing of 24/7 notification system.

4. Exercise all plans on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. **(CRITICAL BENCHMARK #4)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. DOH and each regional and local health jurisdiction will conduct a tabletop, functional or full-scale exercise of their plans during the grant period to demonstrate proficiency and preparedness in responding to bioterrorism, other infectious disease outbreaks, or other public health threats and emergencies. In conjunction with its local partners, the State will conduct a regional, full-scale bioterrorism exercise testing all major components of the public health emergency response system. After action reviews will be conducted of each



exercise and used to identify areas of improvement of needed training. ***This will be coordinated with activities under Focus Area G.***

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Each local health jurisdiction will conduct a tabletop or functional exercise of their plan during the grant period. Exercise results will be used to validate and update each plan.
- 1b. Each regional health jurisdiction will conduct a tabletop or functional exercise of their plan during the grant period. Exercise results will be used to validate and update each regional plan
- 1c. A full-scale bioterrorism exercise will be conducted involving state, regional, and local public health organizations, (including the Public Health Laboratories) and hospitals to validate our plans and determine our level of preparedness. The federal government and affected Indian tribes will be invited to participate. The exercise scenario will include deployment of the Strategic National Stockpile (see Critical Capacity #4).
- 1d. Evaluation criteria will be developed to assess drills and exercises. Evaluation will be used to identify areas of improvement for further education and training.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. Varies by jurisdiction. All to be completed by end of grant period
- 1b. Varies by jurisdiction. All to be completed by end of grant period
- 1c. Exercise to be conducted in August 2004
- 1d. January, 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. Thirty four local health jurisdictions across the state
- 1b. Nine regional health jurisdictions
- 1c. DOH (overall coordination) local, regional, hospital, and tribal public health and homeland security agencies
- 1d. Focus Area G Coordinator, Regional Learning Specialists

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Exercise all local plans and validate and update based on exercise results
- 1b. Exercise all regional plans and validate and update based on exercise results
- 1c. Completion of exercise and utilization of lessons learned to identify areas needing improvement or additional training needs and update of emergency response plans.
- 1d. Criteria and assessment tool developed. Education/Training identified. Plan developed.

5. Work with state and local emergency management agencies, environmental agencies, worker health and safety agencies, and others to conduct assessments to identify vulnerabilities in terms of human health outcomes related to a variety of biological, chemical, and mass casualty terrorist scenarios. Establish timelines, goals and objectives for conducting vulnerability assessments.



*Strategies: What overarching approach(es) will be used to undertake this activity?*

In the current grant period a comprehensive assessment of public health capacities related to bioterrorism and other public health emergencies was completed. The assessment included an in-depth analysis of:

- (a) Hospital preparedness;
- (b) Public health system preparedness (including epidemiology, surveillance, laboratory, policies, infectious disease outbreaks, vaccinations, etc.)
- (c) Emergency management system integration
- (d) Public health policy (including ordinances, county codes, mutual aid agreements, and State Board of Health rules).

The final results of the assessment are being analyzed and specific vulnerabilities are being identified and documented. In the State of Washington, the Emergency Management Division (EMD) of the State Military Department is the lead agency for identification and assessment of vulnerability of all natural and man-made hazards. The Department of Health works in partnership with EMD, the State Department of Ecology, the Department of Labor and Industries and others to identify public health emergency hazards and assess vulnerability to those hazards. Our overarching strategy will be to complete the analysis of the capacity assessment conducted during the current grant period and work with our state and local partners to continue the ongoing process of determining and addressing our vulnerabilities in terms of human health outcomes related to bioterrorism or other public health emergencies. The overall approach will be to work in cooperation with the State COT as they update the statewide terrorism vulnerability assessment in order to ensure an integrated strategy and a comprehensive, all-hazards approach to dealing with terrorist threats. The capacity/vulnerability assessment will be reviewed for Education/Training needs to address gaps identified.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Complete analysis of capacity/vulnerability assessment undertaken during current grant period and document findings and recommendations
- 1b. Coordinate with EMD to update the statewide terrorism hazard vulnerability analysis being conducted through the Homeland Security Program.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. Document findings and recommendations of capacity/vulnerability assessment by February, 2004
- 1b. October, 2003

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. DOH assessment team, local and regional public health emergency response and hospital planners
- 1b. DOH assessment team, EMD, COT



*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Completion of the capacity/vulnerability assessment and publication of findings and recommendations
- 1b. Update of comprehensive statewide vulnerability assessment completed

6. Work with hospitals, the medical community, and others to plan coordinated delivery of critical health services and effective medical management emergencies. Establish timelines, goals and objectives for achieving and refining the critical capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. DOH and ninety-one licensed acute care hospitals in Washington state have created and implemented regional hospital bioterrorism response plans to address the role hospitals and pre-hospitals will play in responding to a public health emergency within each region. The hospital response plans will be coordinated with the regional public health response plans currently under development in the nine public health regions in Washington. The regional public health plans include coordination of CDC, HRSA, and MMRS response assets within the state. Regional hospital plans are to be exercised and evaluated with the regional public health plans being developed, see below. All regional hospital bioterrorism response plans are coordinated with and are approved by each local health officer and local emergency management agency within that public health region. To ensure integration of these regional hospital plans with the state CEMP, especially ESF 8, final review of these regional hospital plans by DOH and EMD will precede approval by DOH. Please see the Washington's Fiscal Year 2003 National Bioterrorism Hospital Preparedness Program grant application for details regarding the role of hospitals and MMRS in the coordinated delivery and management of critical health services during emergencies in Washington, using regional public health emergency preparedness and response plans.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Regional Hospital Plans submitted to DOH
- 1b. DOH and EMD review regional hospital bioterrorism preparedness plans.
- 1c. DOH approval of regional hospital plans
- 1d. Integration of regional hospital plans into regional public health plans
- 1e. DOH approval process for regional public health plans
- 1f. Regional public health plans approved
- 1g. Regional public health plans, including regional hospital plans, are implemented.

*Timeline: What are the critical milestones and completion dates for each task?*

TBD (Need input from Norm F.)

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. (8) Regional EMS and trauma care councils, plus one Public Health Region
- 1b. DOH and Washington EMD
- 1c. DOH



- 1d. All Public Health Regions
- 1e. DOH (with input from Public Health Regions and hospitals)
- 1f. DOH
- 1g. DOH, Public Health Regions, hospitals, MMRS grantees

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- Submission to and approval by DOH of regional hospital plans
- Inclusion of regional hospital plans in development of regional public health plans
- Final development of regional public health plans by (9) public health regions
- Submission to and approval by DOH of regional public health plans

7. (HRSA/CDC Cross-Cutting Activity) Review and comment on documents regarding the National Incident Management System (NIMS), develop and maintain a description of the roles and responsibilities of public health departments, hospitals, and other health care entities in the Statewide incident management system and, where applicable, in regional incident management systems. **(CRITICAL BENCHMARK #5)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

- 1. Washington state will actively participate in the process to develop NIMS and will work with its federal, state, regional and local partners to delineate roles and responsibilities necessary to effectively respond to acts of bioterrorism and other health care emergencies. Washington does not currently have a statewide incident management system.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. DOH will review and comment on all documents regarding NIMS as it undergoes development.
- 1b. Roles and responsibilities of public health departments, hospitals, and other health care identities in responding to acts of bioterrorism and other health care emergencies will be identified and described through the development, exercising, and revision of state, regional and local plans and procedures.
- 1c. Identify education and training applicable to the development of the roles and responsibilities for this activity
- 1d. Develop ongoing evaluation tools to evaluate competency related to the development, exercising and revision of state, regional and local plans and procedures.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. Documents will be reviewed as forthcoming from the Department of Homeland Security.
- 1b. All plans will be completed, exercised, and updated by August 2004.
- 1c. August, 2004
- 1d. August, 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*



- 1a. Department of Health, Emergency Management, NIMS review committee, Emergency Management Council, Committee on Terrorism
- 1b. DOH Office of Risk and Emergency Management, regional health jurisdictions, and local health jurisdictions
- 1c. Focus Area G Coordinator, Regional Learning Specialists
- 1d. Focus Area G Coordinator, Regional Learning Specialists

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. All NIMS proposals are reviewed and input is provided.
- 1b. All state, regional, and local plans are completed, exercised and updated to ensure compatibility with the NIMS.
- 1c. Education/Training identified, plans developed
- 1d. Evaluation tool developed, tested and implemented for ongoing use

**ENHANCED CAPACITY #3:** To ensure that public health systems have optimal capacities to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

1. Update and refine state, city, and regional response plans based upon deficiencies noted from exercises or actual events. Establish timelines, goals and objectives for achieving and refining the enhanced capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

2. Conduct vulnerability assessments and predictions of human health effects resulting from releases of chemical or etiologic material. Establish timelines, goals and objectives for achieving and refining the enhanced capacity requirements.





*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

3. Update and refine assessments of and response to epidemiologic, laboratory, and environmental health needs resulting from scenario and vulnerability assessments.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

4. Develop and expand the capacity to conduct environmental sampling and health follow-up of victims following terrorist attacks.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*





*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

5. Develop and expand the capacity to communicate immediately and reliably with the public, healthcare providers, the response community, the media, and elected officials.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

6. Develop and expand capacities to respond to injuries resulting from terrorist events, including the capacity to develop and standardize instruments used in conducting needs assessments of the healthcare system capacity to provide optimal trauma care, and the capacity to conduct injury surveillance in an acute event, and to survey ongoing victim needs.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*



- 
7. Develop and expand the capacity to address worker health and safety issues related to bioterrorism, with a primary focus on protection of emergency response workers, remediation workers, workers responsible for restoring essential public services, and other exposed occupational groups such as postal workers and healthcare workers.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

NA

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

*Timeline: What are the critical milestones and completion dates for each task?*

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

### III. STRATEGIC NATIONAL STOCKPILE (formerly the National Pharmaceutical Stockpile)

**CRITICAL CAPACITY #4:** to effectively manage the CDC Strategic National Stockpile (SNS), should it be deployed—translating SNS plans into firm preparations, periodic testing of SNS preparedness, and periodic training for entities and individuals that are part of SNS preparedness.

1. Develop or maintain, as appropriate, an SNS preparedness program within the recipient organization's overall terrorism preparedness component, including full-time personnel, that is dedicated to effective management and use of the SNS statewide. This SNS preparedness program should give priority to providing appropriate funding, human and other resources, and technical support to local and regional governments expected to respond should the SNS deploy there. **(CRITICAL BENCHMARK #6)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Primary responsibility for development and maintenance of the SNS preparedness program has been assigned to the DOH Office of Risk and Emergency Management. A full-time SNS Program Coordinator has been named. The program has been developed in accordance with Version #9 of the *Planning Guide for Receiving, Distributing, and*



*Dispensing the Strategic National Stockpile.* In Washington, our plan calls for the state to receive, store and stage SNS materials. The state will ensure distribution of these assets to local public health organizations, clinics or other locations as determined by local officials. Clinic operations, staffing, and dispensing of SNS pharmaceuticals will be a local responsibility. At present, the state plan for receiving, storing and staging SNS material is substantially completed. Local plans remain to be finalized.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Complete local SNS plans
- 1b. Test and update local plans

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. January 31, 2004
- 1b. August 30, 2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. Local and regional public health emergency planning staff
- 1b. Local and regional public health emergency planning staff and State SNS Program Coordinator

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. State and local SNS plans completed and SNS designation of “Green” level received from federal program.
- 1b. Number of plans exercised and updated.

2. Provide funding, human and other resources, and technical support to help local and regional governments develop a similar SNS preparedness program dedicated to effective management and use of the SNS.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. DOH proposes to fund at least a part-time position in each of the states nine public health emergency preparedness regions to serve as the regional SNS coordinator. This individual will work with the State SNS Program Coordinator and local responders to provide necessary planning, training, logistical, and exercise support to the SNS program.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Funds will be passed through to each region to pay a portion of the salary of an individual who will be the designated regional SNS Program Coordinator.
- 1b. State SNS Program Coordinator will work with local coordinators and state and local trainers (Focus Area G) to provide training and other technical assistance in SNS Program development.

*Timeline: What are the critical milestones and completion dates for each task?*



- 1a. No later than 60 days after grant award from CDC
- 1b. On-going throughout the grant year

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. State SNS Program Coordinator
- 1b. State SNS Program Coordinator and Regional SNS Program Coordinators

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Number of regional SNS Program Coordinators hired or identified.
- 1b. Number of technical assistance visits and training sessions conducted.

- 3. Prepare and implement a project area strategy to ensure the SNS preparedness functions described in Version #9 of the *guide for Planning the Receipt and Distribution of the CDC National Pharmaceutical Stockpile*, April 2002, will be mobilized to respond to an SNS deployment anywhere in the project area and that defines the roles of local and regional governments in leading and staffing various of those functions.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

- 1. Review the state, regional, and local jurisdiction SNS plans to ensure compliance with SNS Planning Guide, Version 9-Draft, Appendix B.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. The State SNS Program Coordinator will forward the State portion of the SNS plan to the CDC SNS Program Coordinator for review and approval.
- 1b. The Regional and Local Jurisdiction plans will be reviewed to determine that all requirements of version 9 are met or exceeded.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. 09/15/03
- 1b. 02/28/04

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. State SNS Program Coordinator
- 1b. State SNS Program Coordinator

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a-b. Each plan contains the requirements set forth in Version 9-Draft, and the overall state plan receives a Green evaluation from the CDC SNS Program.

- 4. Collaborate with local and regional governments leading and staffing various SNS preparedness functions to carry out coordinated orientation and training for the members of those function teams, and to carry out periodic readiness exercises for those teams, individually, as groups of interdependent functions, and as a complete SNS preparedness



organization.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Establish the SNS Orientation and Training program as specified in the Washington CEMP, ESF – 8, Appendix 1, Tab G, IV. Conduct SNS exercises to validate plans and train team.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a. Establish and conduct regular SNS orientation and training courses
- 1b. State, regional, and local jurisdictions will conduct a variety of SNS training exercises, including, but not limited to, tabletop exercises, community exercises, and state exercises. A major full-scale bioterrorism exercise involving SNS deployment will be conducted. Funds will be provided to each region to enable them to carry out the required exercise program.
- 1c. After-Action review of all exercises will be forwarded to the State SNS Program and lessons learned incorporated into the process of system improvement.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a. On-going. Initial course planned for February, 2003
- 1b. On-going. Full-scale exercise planned for August, 2004.
- 1c. On-going.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a. State SNS Program Coordinator, Focus Area G Coordinator, Smallpox Training Liaison, Regional Learning Specialists, and regional SNS Program Coordinators
- 1b. State, regional and local jurisdictions, Focus Area G Coordinator, Smallpox Training Liaison, Regional Learning Specialists.
- 1c. State and regional SNS Program Coordinators, Focus Area G Coordinator, Smallpox Training Liaison, Regional Learning Specialists

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Training course developed and number of courses conducted
- 1b. Number of completed exercises involving deployment of the SNS. Evaluation of exercises completed and training plan developed as necessary.
- 1c. Number of after action reviews completed. Evaluation completed and training plan developed as necessary. Lessons learned documented.

5. Collaborate with the recipient organization carrying out Focus Area F to prepare public communication campaigns that, in a bioterrorism event, would (1) inform the public of where to obtain prophylaxis; (b) encourage adherence to oral prophylaxis regimens; (c) advise on various antibiotics to be prescribed; (d) explain the threat agent and its transmissibility; and (e) address local issues, e.g., urging undocumented populations to seek prophylaxis. **(LINK WITH FOCUS AREA F)**



*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. We will use our full range of communication assessment and outreach mechanisms as well as partnerships and initiatives established to address psychosocial needs and support effective information dissemination to the general public and special populations. In coordination with Focus Area F and using specific information outlined in Module 9 (National Pharmaceutical Stockpile Program) of the CDC's Crisis and Risk Communication manual, we will develop a preliminary communication plan for local efforts surrounding this program. We will then work in cooperation with the Regional Emergency Communications Liaison Network and the Washington State Hospital Association (WSHA) to develop a comprehensive final plan.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- 1a Focus Area A will participate in related planning efforts with Focus Area F.
- 1b Focus Area F will develop a preliminary communication plan; they will build on this plan through collaboration with Regional Emergency Communication Liaisons, WSHA and LHJ Public Information Managers.
- 1c Focus Area F will work with identified internal/external partners (Community and Agency Communications Partner Matrix) to ensure effectiveness of pre-event and emergency materials for key audience groups, and to address psychosocial issues related to crisis for the general public and involved staff.
- 1d We will complete the state communication plan for the SNS Program, and will disseminate recommendations for related local, regional and hospital plans through collaborations with Regional Emergency Communication Liaisons and WSHA.

*Timeline: What are the critical milestones and completion dates for each task?*

- 1a Ongoing: Participation in related planning efforts with Focus Area F.
- 1b Ongoing
- 1c Ongoing (review assessments due April 1, 2004, August 1, 2004): We will work with identified internal/external partners (Community and Agency Communications Partner Matrix) to ensure effectiveness of pre-event and emergency materials for key audience groups and to develop related mental health resources and ensure psychosocial consequences of crisis are addressed in materials for staff and general public.
- 1d June 1, 2004: Final SNS Communication Plan guidance issued in collaboration with Regional Emergency Communications Liaison Network, WSHA and other system partners.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- 1a Focus Areas F and A, DOH Communications Office Management Team.
- 1b Focus Area F staff, DOH Communications Office Management Team, State and Regional Emergency Communications Liaisons, WSHA.
- 1c Focus Area F Lead (DOH Communication Systems Manager), State and Regional





Emergency Communications Liaisons, WSHA Director, members of Community and Agency Communications Partner Matrix.

- 1d DOH Communications Office Management Team, Focus Area F and Focus Area A staff, Regional Emergency Communications Liaison Network, WSHA and other system partners.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

1a-d Completion of SNS communications plan and materials

6. Develop and maintain communications between SNS preparedness program and recipient organizations carrying the other focus areas funded under this cooperative agreement, allowing for collaboration as appropriate.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

1. Participate in regular Public Health Emergency Preparedness and Response meetings and teleconferences and maintain good working relationships with other focus areas. As opportunities arise, present SNS program activities and accomplishments to other elements of the state's anti-terrorism program including the State COT, Emergency Management Council, others state and local public health and emergency management agencies.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

1a. See strategies

*Timeline: What are the critical milestones and completion dates for each task?*

1a. On-going

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

1a. DOH Emergency Program Manager and State SNS Program Coordinator.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- 1a. Full coordination between the SNS program, other Focus Areas, and other elements of the emergency management community.

7. (Smallpox) Describe the procedure that will be used to monitor, store, and manage large quantities of smallpox vaccine within smallpox response resources (hospitals, healthcare facilities, public health clinics).

*Strategies: What overarching approach(es) will be used to undertake this activity?*

This item was addressed in the Washington Department of Health Smallpox Response Plan and our State SNS Plan, Tab E, which was approved in December 2001 by CDC. Refer to these plans for a complete description of our procedure

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*





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*Timeline: What are the critical milestones and completion dates for each task?*

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*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

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*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Activity completed.
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